



# County of San Diego

CATHERINE J. TROUT  
DIRECTOR

## DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1890

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### DIRECT DEPOSIT AUTHORIZATION FORM

- Complete the **FINANCIAL INSTITUTION AND BUSINESS DATA** portions of this form.
- Send the form (**AND A VOIDED CHECK\*** if Checking Account is selected) to **Housing and Community Development Department, Attn: Fiscal, 3989 Ruffin Road, San Diego, CA 92123**. The Fiscal Department will contact you if they have any questions. If you have any questions, please call Jennifer Alipio (858) 694-8768.

I hereby authorize the Housing Authority of the County of San Diego, Housing and Community Development Department, to initiate deposits and/or correcting entries to previous deposits to my account, if necessary.

#### FINANCIAL INSTITUTION DATA

##### SELECT ONE:

\_\_\_\_\_ Checking Account\*

\_\_\_\_\_ Savings Account

Transit Routing No. \_\_\_\_\_  
No. \_\_\_\_\_

Transit Routing

Account No. \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_ Financial Institution Representative

\_\_\_\_\_ Financial Institution Telephone Number

\_\_\_\_\_ Financial Institution

\_\_\_\_\_ Financial Institution Address

This authority will remain in force until I have given a written revocation to the Housing Authority of the County of San Diego, Housing and Community Development Department in a timeframe that will allow the Housing Authority of the County of San Diego, Housing and Community Development Department and the depository a reasonable opportunity to terminate this authorization.

#### LANDLORD/OWNER DATA

\_\_\_\_\_  
Landlord/Owner Name

\_\_\_\_\_  
Social Security or Tax Identification Number

\_\_\_\_\_  
Landlord/Owner Address

\_\_\_\_\_  
Landlord/Owner Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date